## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

Applicant Name: MARIA PERSON				
Date Received: <u>\$2/22</u>   2813 A	Applicant Number: <u>103</u>	283		
Recommended Applicant Pool Status:	Final Applicant Poo	ol Status:		
☑Included ☐Removed	☐Included	Removed		
REQUIREMENTS:				
1. Was the application received before the submission deadline?		□ves □No		
If NO, list time/date application was received:				
2. Is the application complete?				
If NO, list the item(s) that need to be completed:				
3. Indicate how the applicant responded to the following questions:				
		Пyes MNo		
A. Student enrolled in a college/university in If YES, consider I and ii only; If NO, consider	-	LIYES L'INO		
i. Reside in the City of Austin?		☑Yes □No		
ii. Registered to vote in the City of A	ustin?	✓Yes □No		
iii. Continuously registered to vote in	the City of Austin?	☐Yes ☐No		
iv. Voted in 3 of the last 5 City of Aus	tin general elections?	✓Yes □No		
* Follow-up needed related to REQUIREMENTS?		□Yes □No		
If YES, identify issue(s) addressed and dispo	SILION:			

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## **CONFLICTS OF INTEREST:**

4.	Did the applicant respond "Yes" to any conflict of interest of If YES, indicate which question(s):	questions?
<b>.</b>	Follow-up needed related to CONFLICTS OF INTEREST?  If YES, identify issue(s) addressed and disposition:	□Yes ☑No
	ONSISTENCY:	_/
5.	Are applicant answers consistent?  If NO, indicate which answer(s):	☑Yes □No
<b>.</b>	Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:	□Yes □No
A	pplication Reviewed By: TOPE ELETU — OD 180	Review Date: 02/25/2013
Q	uality Control Review By:	QC Review Date: 63/01/2013
	pllow-up Contact(s) Reviewed By:	